Action Plan for State of Delaware: "Always the right place, always the right time, to get the right service".

PRIORITY ONE: *Improved Systems Coordination and Enhancement of Services*						
Strategies	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 1.1 Increase communication between systems	Action 1.1.1- Identify existing public (including Medicaid) service compendium by using geo mapping and matrix; define/explore roles of providers to strengthen both systems	Steve Dettwyler	Ronya Anna, Matt Ebling, and Steering Committee	Comprehensive matrix including quadrant delineation AND geographical mapping of services	Identify, develop matrix and map	July 15, 2006
"Information can flow in a well-connected system"	Action 1.1.2- Define specifically how information can flow (e.g. QSOAs)					
	Action 1.1.4- Explore use of certification in COD with payer sources					
	Action 1.1.5- Expand steering committee to include two (2) consumers , Dir. of Consumer Affairs, representative from FQHC, and Medical Director/CMHC Physician	Renata Henry	Renata will invite members	Make Steering committee more inclusive	Add Director of Consumer Affairs Add CMHC physician Add rep from FQHC	January 2006 (COMPLETED)
Strategy 1.2 Establish a marketing plan; share Policy Academy process and vision statement with goals and action steps (e.g. Ovations, website, ATTC newsletter, newspaper article, media, flyers); Summer Institute theme for next year could focus on co-occurring disorders	Action 1.2.1 – Share Policy Academy process and vision statement with goals and action steps	Renata Henry	Steering Committee	Expand knowledge about Delaware's Vision and plan	Introduce at December providers meeting	Completed
	Action 1.2.2 Focus theme of Summer Institute on Co-occurring conditions	Carol Kuprevich	Training Office	Provide plenary and specific workshops on co-occurring conditions	Offerings at Summer Institute	July 2006

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Strategies	Action(s)	Manager[1]	Implementer[2]	Expected Outcomes	Benchmarks	Completion Date (Estimated)
Strategy 1.3 Implement the "Delaware Vision" by creating a welcoming environment for all clients and ensuring the right service match	Action 1.3.1- Identify and/or develop screening tools to assess "welcoming" and "engagement" aspects	Lynn Fahey	Connections BCI CMHCs Civigenics Mary Sacre Dave Ciamaricone	Find/develop screening tool that works across systems and incorporates AOD,MH and physical screen	Review current tools Develop Test/Pilot Evaluate Implement statewide	May 15, 2006
Strategy 1.4 Increase integration between DSAMH/DOC/CJS as it relates to COD issues	Action 1.4.1- Identify a process for communication across agencies (e.g. criminal justice liaisons)	Renata Henry Phil Morgan	DSAMH, DOC (MRC), and providers	Increase communication and knowledge base of systems	Providers identify single point of contact (and backup)	Ongoing
	Action 1.4.2- Work with DOC to improve transition to community by developing consistent standards for care across DOC and DSAMH systems (e.g. medications, phases of treatment, screening and assessment)	Renata Henry Phil Morgan	DSAMH Training Office, Providers and DOC	Enhance quality and transition of services	Provide training on DOC system, Add COD services in probation and parole office through current contracts	Ongoing
	Action 1.4.3- Explore capacity for DE Medicaid to allow inmates to retain benefits while incarcerated (e.g. suspended, reactivated upon release)	Renata Henry Harris Taylor	DSAMH, DOC and DMMA	Allow inmates to maintain DE Medicaid benefits while incarcerated	Explore suspension of benefits as solution, Look at language, Work on definitions for suspension (e.g. "temporary suspension")	March 15, 2006
Strategy 1.5 Explore and identify ways to engage and treat youth	Action 1.5.1- Survey youthful offender population in DOC	Jack Kemp Phil Morgan	DSAMH and DOC	Increase knowledge about the population	Obtain demographic including age, LOS, charges, Known diagnoses, services via Civigenics and CMH	February 2006 **(COMPLETED)**
	Action 1.5.2 - Increase integration with services to children and adolescents as it relates to transition					
	Action 1.5.3 – Invite Univ of DE, CDAS to provide information on CJDATS/ youth initiative					

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	Action 1.5.4 Accept invitation to attend COD meeting on Dec 6th presented by DSCYF	Renata Henry	Jack Kemp Steve Dettwyler	Attend meeting to obtain additional information from KIDs Department		December 2006 **(COMPLETED)**
Progress to Date			**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**	

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PRIORITY TWO: *To develop competencies in the workforce*						
Strategies	**Action(s)**	**Manager**	**Implementer**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 2.1 Establish in-depth training over time to increase cultural competencies on all levels	Action 2.1.1- Explore use of COCE curriculum (e.g. Evidence and Consensus Based Practice Curriculum)	Carol Kuprevich	DSAMH Training Office, Kim Lucas	Take an in-depth look at COCE resources	Review curriculum Identify what is appropriate for use in Delaware	Ongoing
	Action 2.1.2- Explore spreading the use of tools for training consumers/staff (e.g. WRAP)					
	Action 2.1.3- Establish a lunch time training series focused on COD with clinical staff in various settings	Carol Kuprevich	DSAMH Training Office, Kim Lucas	Provide DSAMH providers and overall treatment continuum with education and resources on COD	Develop/Identify curriculum Identify presenters Develop schedule and handle logistics	Ongoing beginning academic year 06-07
Strategy 2.2 Establish a matrix of co-occurring competencies and develop methods for assessing and enhancing them	Action 2.2.1- Expanding leadership model to address development of emerging leaders in COD (e.g. succession planning)					
	Action 2.2.2- Experiential cross training between systems					
	Action 2.2.3- Develop decision tree tool that connects client to appropriate services	Cathy McKay	Connections, Clinics, BCI Civigencis (Steve and Kim)	Increase effective access to the right service for clients	Review matrix and map in 1.1.1 Develop decision tree Test use of decision tree	September 15, 2006
	Action 2.2.4- Increase skills in treating person with HIV in list of competencies for staff					
	Action 2.2.5- Explore language that sets competencies for programs/agencies either through licensing and/or contracting (e.g. graduated process)	Carol Kuprevich	DSAMH, DPCI, and Medical centers (Harris, Darlene, Jack, and Patty W.)	Develop language	Review existing competencies, Develop language, & Work in to contracts/licensing	July 15, 2006

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Strategies	Action(s)	Manager	Implementer	Expected Outcomes	Benchmarks	Completion Date (Estimated)
	2.2.6 Review work completed in other states in development of core competencies	Carol Kuprevich	Training Office	Obtain information form other states	Develop guideline for what other states list as competencies	August 2006
Strategy 2.3 Create forums for <u>real</u> dialogues where attitudes can be shared and the truth about our own "little voices" can be explored	Action 2.3.1- Ensure staff are trained on policies regarding sharing of information; address attitudinal barriers and conflicts of interest	Lynn Fahey	BCI Connections DPC	Develop/find a tool to use to assess attitudes of clinical staff; introduce training/intervention where needed	Review current attitude assessment tools Pre test to establish baseline Introduce training/intervention Post test to see changes	August 15, 2006 1st Phase ONGOING
	Action 2.3.2- Discuss vision and plan as part of regular discussion at all meetings.					
	Action 2.3.3- Facilitate special events for agencies to discuss COD/"cultural attitudes", beliefs, values; disseminate Delaware's vision and plan					
	Action 2.3.4 Review CNS data to incorporate into forums					

Progress to Date	Barriers and/or Situational Changes	Immediate Next Steps (including potential technical assistance needs)

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PRIORITY THREE: *To develop and use data to make decisions and self-correcting actions*						
Strategies	**Action(s)**	**Manager[1]**	**Implementer[2]**	**Expected Outcomes**	**Benchmarks**	**Completion Date (Estimated)**
Strategy 3.1 Align system evaluation efforts (e.g. UPenn, TRI, DSAMH, UD)	3.1.1Coordinate efforts of all groups conducting evaluations	Renata	Renata	Joint Meetings with various groups	Meeting with UPenn and TRI	April 2006
					Meeting with DSAMH and UD	April 2006
Strategy 3.2 Identify data elements that would reflect whether or not values are incorporated in data collection and analysis	Action 3.2.1- Expand NIATx process to additional providers	Kim	Kim and Jack	Expand NIATx to additional SA providers	NIATx discussion at provider forum	July 2006
	Action 3.2.2 Expand NIATx to mental health providers	Kim	Kim and Steve	Pilot NIATx in CMHC	Schedule a meeting to discuss NIATx concept	July 2006
	Action 3.2.3 Continue NIATx efforts at State level	Kim	Kim and steering committee	Continue to explore and make changes to barriers	Conduct NIATx meetings	Ongoing
Strategy 3.3 Ensure that data collection is congruent with SAMHSA's outcome data requirements	3.3.1 Review that data collected will meet NOMs	Jack	Jack and MIS		Reporting on NOMs	2007
Strategy 3.4 Make use of data banks to share and integrate data across systems (DOC/DOL/DCYF/DSAMH)	Action 3.4.1- Analyze data to identify underserved populations					
Progress to Date			**Barriers and/or Situational Changes**		**Immediate Next Steps (including potential technical assistance needs)**	

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